

Countryside High School
PTSA Fund Request
2017/2019

**Please make sure this request is submitted to
PTSACHSCougars@yahoo.com
by 2:00 p.m. the 3rd Tuesday of the month**

Name of person requesting the funds _____
(Request may be submitted by individuals, depts., or teams.)

Department: _____

Date of request: _____

Item(s) requested: _____
(Please provide any documentation pertaining to this request)

Amount requested: _____ Date needed _____

Have you requested funding from other areas prior to or in addition to this request? If so, please list: _____

Please list the goal - _____

How will Countryside High School benefit from your request for funding?

If funds are for meeting forums, how will you share this information with the rest of the faculty and students?

* Once request approved the check is provided to the requestor and the PTSA needs to obtain the final receipt or proof of purchase. *

Request Approved by PTSA _____ Date Approved _____

If no, reason for denial _____

President's Signature _____ Date _____

Treasure's Signature _____ Date _____

Alternate:
Vice President _____ Date: _____